

GENERAL FACT SHEET**12R-263****BILL NUMBER****BRIEF TITLE**
Colon Cancer (FOBT) Project

_____**APPROVAL DEADLINE**

_____**REASON**

_____**DETAILS****POSITIONS/RECOMMENDATIONS**

The Lincoln-Lancaster County Health Department was awarded grant funding for \$50,000 for the Colon Cancer (FOBT) Project for the period of September 17, 2012 through June 30, 2014.	Sponsor	
	Program Departments, or Groups Affected	All automated departments
	Applicants/ Proponents	Applicant City Department Other
Discussion (Including Relationship to other Council Actions)	Opponents	Groups or Individuals Basis of Opposition
	Staff Recommendations	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	BY <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

DETAILS

POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____ _____	
	OPERATIONAL IMPACT ASSESSMENT	_____ _____ _____	
	FINANCES		
	COST AND REVENUE PROJECTIONS	COST of total project: \$ COST of this Ordinance/ Resolution \$	
		RELATED annual operating Costs \$	
		INCREASE REVENUE EXPECTED/YEAR \$	
	SOURCE OF FUNDS	CITY [Approximately] \$ _____ % \$ _____ % \$ _____ % NON CITY [Approximately] \$ _____ % \$ _____ % \$ _____ %	
	BENEFIT COST		
	<input type="checkbox"/> Front Foot	Average Assessment	
	<input type="checkbox"/> Square Foot	\$ _____	\$ _____

APPLICABLE DATES: September 17, 2012 through June 30, 2014

FACT SHEET PREPARED BY: Judith Halstead

REVIEW BY:

REFERENCE NUMBER